

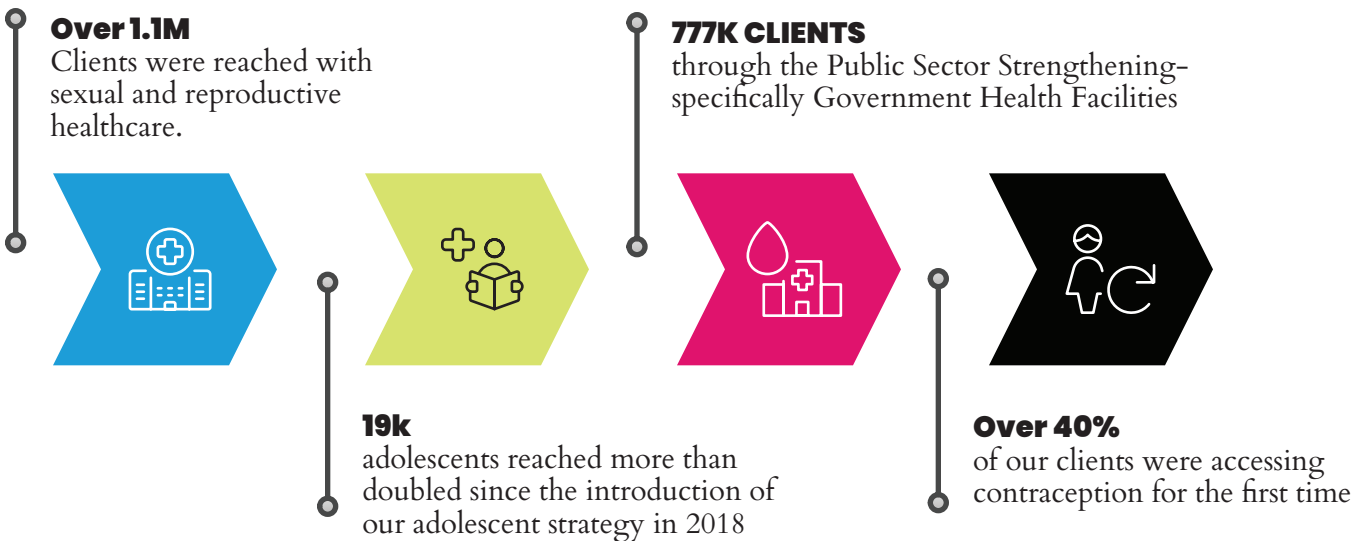


Annual Report

2024

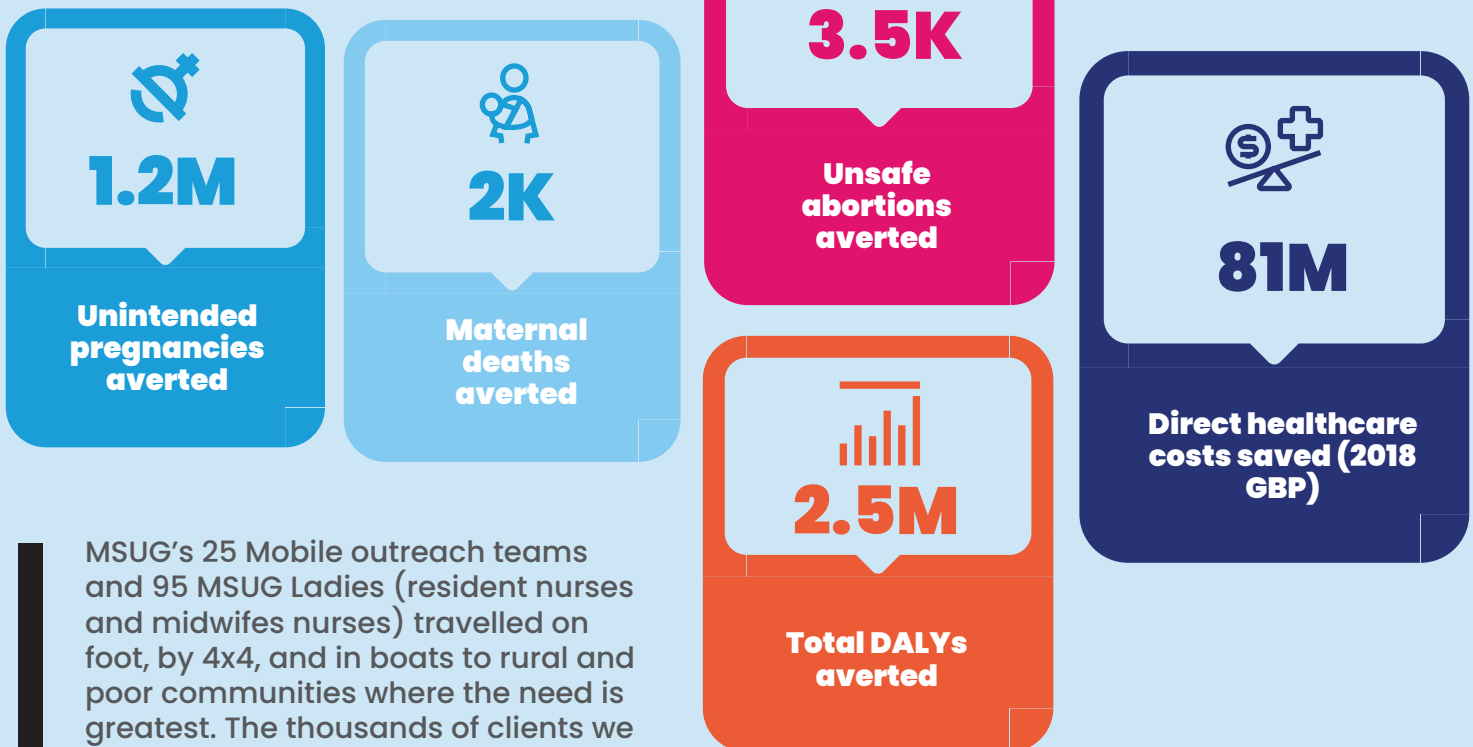
WHO DID WE REACH?

We work to ensure our services reach those often left behind or marginalised from healthcare, and in 2024:



WHAT WAS OUR IMPACT?²

² These are result run from the impact calculator



MSUG's 25 Mobile outreach teams and 95 MSUG Ladies (resident nurses and midwives nurses) travelled on foot, by 4x4, and in boats to rural and poor communities where the need is greatest. The thousands of clients we met reconfirmed that these services can be the difference between being trapped in poverty or financial independence.



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Acronyms

CA	Competency Assessment
CC	Contact Centre
CDFU	Communication for Development Foundation Uganda
CHEWs	Community Health Extension Workers
CQI	Continuous Quality Improvement
CRM	Customer Relationship Management
DEI	Diversity, Equity, and Inclusion
DFPPF	Define this as District Family Planning Focal Person
DQAs	Data Quality Assessments
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ETOO	Essential Training in Operative Obstetrics
EYE	Expanding Empowerment and Access
FCDO	Foreign, Commonwealth and Development Office
FP	Family Planning
GBV	Gender-based violence
HF _s	Health Facilities
HSS	Health Systems Strengthening
ICJ	Integrated Client Journey
IUD	Intrauterine Device
LARC	Long-Acting Reversible Contraception
MMR	Maternal Mortality Ratio
MoH	Ministry of Health
MSL	Marie Stopes Ladies
NRH	National Referral Hospital
PPFP	Postpartum Family Planning
PSS	Public Sector Strengthening Support
QR	Quick Response
RISE	Reducing high fertility rates and improving sexual reproductive health outcomes
RMC	Respectful Maternity Care
SAY	Strengthening Adolescents and Youth
SBCC	Social and Behaviour Change Communication
SF	Social Franchise
SM	Social Marketing
SRH	Sexual and Reproductive Health
STD _s	Sexually transmitted diseases
STOP	The Survivors Treatment and Obstetric Fistula Prevention
UHA	Uganda Health Activity (UHA)
UNFPA	United Nations Population Fund
VHT	Village Health Teams
WIL	Women in Leadership

MESSAGE FROM THE COUNTRY DIRECTOR



It is with great pleasure and pride that I present to you the MSUG Annual Report for 2024. 2024

stood as a testament for our unwavering commitment to our mission :A world where every birth is wanted. We believe that empowering individuals with choice is the most powerful catalyst for sustainable development and personal fulfillment. The outcomes reported are a direct reflection of the dedication of our courageous team and the strength of our collaborations. In 2024, MSUG reached over 1.1 million clients with quality sexual and reproductive healthcare. A critical 777,000 clients were reached through our Public Sector Strengthening initiatives, directly supporting Government Health Facilities across the nation. Notably, more than 40% of our clients accessed a contraceptive method for the very first time. These statistics translate into a life-changing human impact: 1.2 million unintended pregnancies averted and, most importantly, 2,000 maternal deaths averted. For MSUG, success is measured not just in numbers, but in the greater agency a woman or girl gains

over her body, her health, and her future. Reproductive choice is often the critical difference between being trapped in poverty and achieving financial independence; it is the security that ensures the well-being of existing families and the opportunity to complete an education or start a career. While Uganda has made notable strides in reducing the Maternal Mortality Ratio, significant challenges persist. As we look ahead to our 2030 strategy, we are committed to deepening our impact by strengthening our Public Sector Strategy, collaborating dynamically with our private sector partners, and ensuring our services are rooted in equity to reach the most marginalized. To our incredible staff, our indispensable partners, and our generous donors—thank you. Your support is the foundation upon which we live our vision of Children by Choice, Not Chance. Together, we will continue to ensure that every choice is informed, every service is world-class, and every birth is wanted.

Dr. Peter Ddunga
Country Director,
Marie Stopes Uganda



Who we are

OUR MISSION

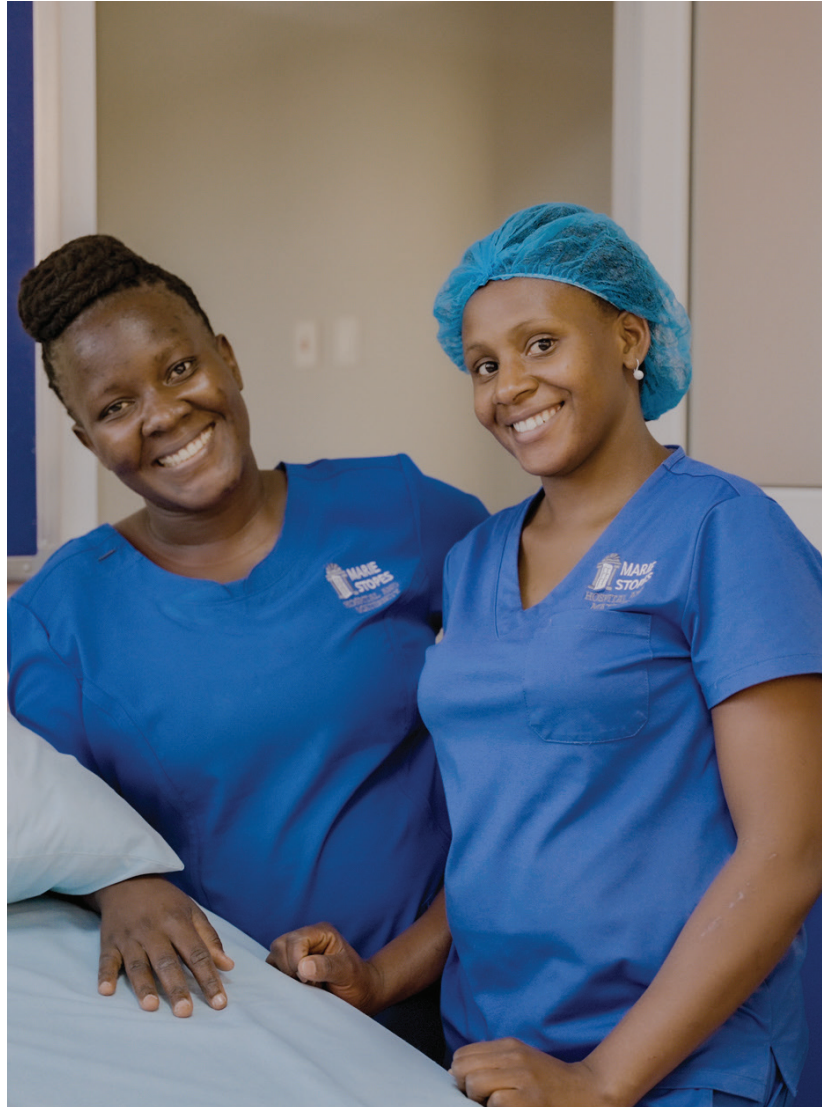
A WORLD WHERE EVERY BIRTH IS WANTED

OUR VISION

CHILDREN BY CHOICE, NOT CHANCE

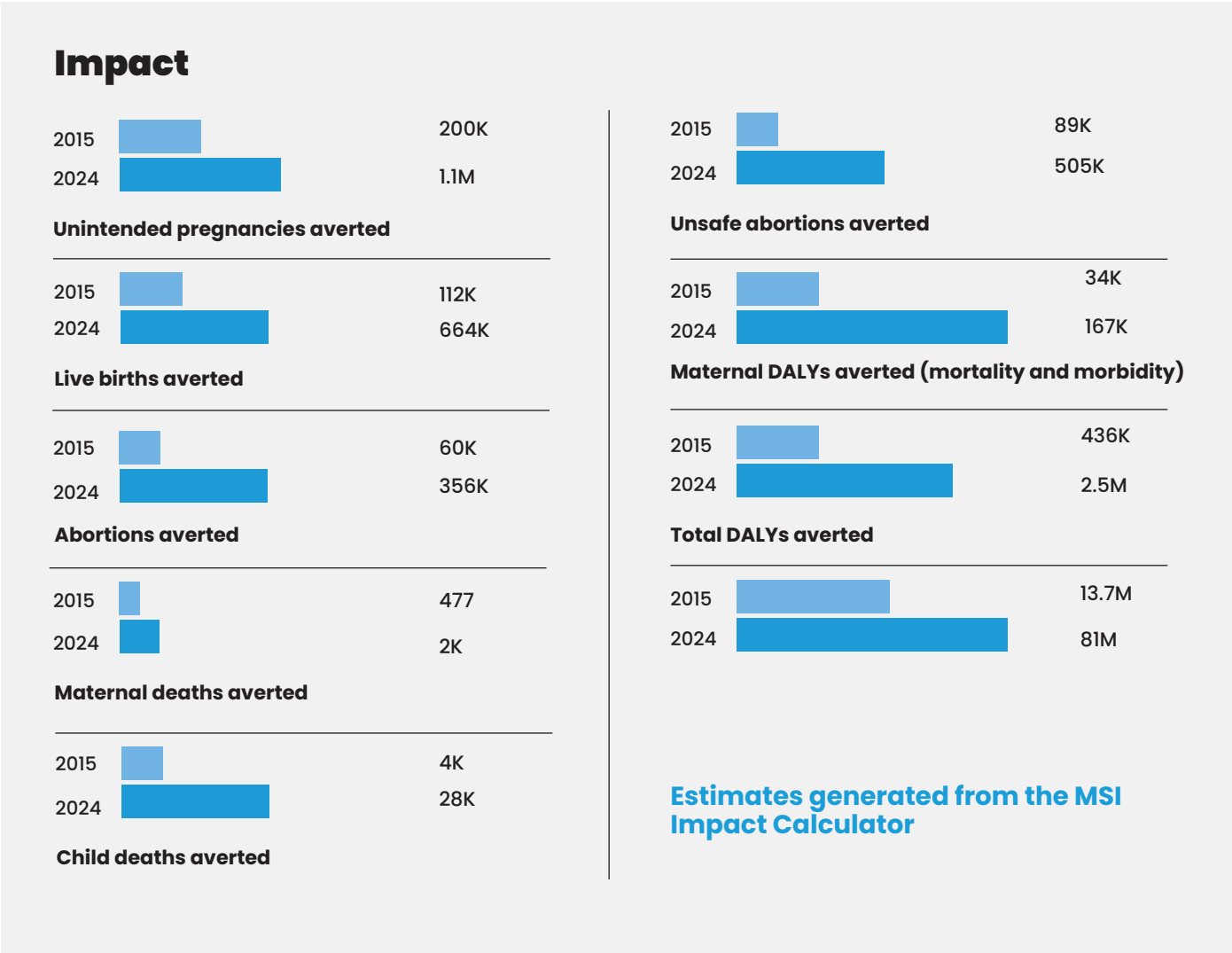
OUR VALUES

MISSION DRIVEN, CLIENT
CENTRED, ACCOUNTABLE,
COURAGEOUS, RESILIENT, INCLUSIVE



We continue changing lives on a National Scale.

Behind every number is a woman or girl with greater agency over their body, healthcare decisions, and future path. Reproductive choice has a ripple effect that shapes lives and communities, so year on year, we create both immediate and generational impact.



Uganda has made substantial progress towards reducing the Maternal Mortality Ratio (MMR) from 336 per 100,000 live births (UDHS, 2016) to 189 per 100,000 live births (UDHS, 2022). Nevertheless, notwithstanding the advancements achieved, there remains significant work required to diminish this further, thus positioning the decision to utilise contraceptives as a critical factor in this endeavour.



Why is MSUG dedicated to Sexual and Reproductive Health Services?

The availability and access to Sexual and Reproductive Health (SRH) services.



Effective SRH indirectly enhances the overall health status of infants and children.



Specific SRH have proven to be critical in preventing the transfer of Sexually transmitted diseases (STDs)



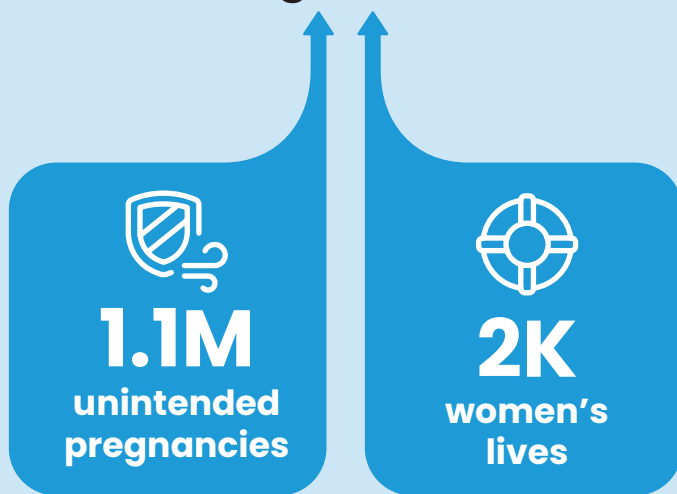
The use of SRH advances the human right of individuals to determine the number and spacing of their children.

Overall, the availability of SRH offers a range of potential non-health benefits, including increased educational opportunities and empowerment for women, as well as sustainable population growth and economic development for countries.

For MSUG, dedicating efforts towards the provision of SRH, is wide-reaching. For some, it means the ability to complete their education and start a career. For others, it means the ability to leave violent relationships. For many, it means the security needed to ensure the health and well-being of their existing families.

Our 2024 Impact

Preventing Unintended Pregnancies



In 2024, MSUG prevented 1.1 million unintended pregnancies and saved 2K women's lives

Contraceptive Counselling

Our providers counsel people on more than five different methods of contraception (on average). We trust people to make the best choices about their own reproductive health



Choice in public health clinics

Last year, we trained

2K

healthcare workers to deliver a comprehensive suite of contraceptive methods, from short-term to long-term and permanent options.

Equitable Access

We measure and track impact to ensure that our services are rooted in equity.

60%

of the clients we support are from marginalised or underserved communities—helping expand choice to those who health systems have left behind

Why health workers are committed to offering Sexual reproductive Health



Enhancing Family Planning Services through Marie Stopes Support

Nabirye Habiba Nsangi HC III, Mentee PSS

We have made significant improvements in our Family Planning (FP) services, thanks largely to the on-job capacity-building support we received from Marie Stopes over the past two years. As a result, we now conduct our own mentorship programs for staff interested in FP

Our counselling services have greatly improved, and we have increased our long-term service provision, including the availability of Intrauterine Device (IUD).. We pay greater attention to best practices in infection prevention, all thanks to the invaluable support from Marie Stopes.

Mothers no longer have to wait long for their desired contraceptive methods—we provide them whenever a woman wants them. We proactively offer timely counselling to help women make informed choices early, rather than waiting for them to ask for the methods.



MSUG Service Delivery Channels

The summary below is based on the various pillars of success outlined in our 2030 strategy.

1. Access Pillar One – Leave No One Behind

By 2030, we will have facilitated a transformative shift in national ownership of Sexual Reproductive Health and Rights (SRHR) while addressing gaps in provision to reach those who lack alternative access to care. These activities will be mainly donor-funded and provide excellent value for money, serving clients who would otherwise be neglected. Pillar one primarily focuses on collaborating with the Government through the Public Sector Strategy and Mobile Outreach initiatives.

a). Public Sector Strengthening (PSS)

Public Sector Strengthening (PSS) initiatives aim to enhance the National healthcare system's equity, efficiency, quality, and sustainability. This is achieved by collaborating with local (District) health systems to ensure the capability and sustainability of SRH.

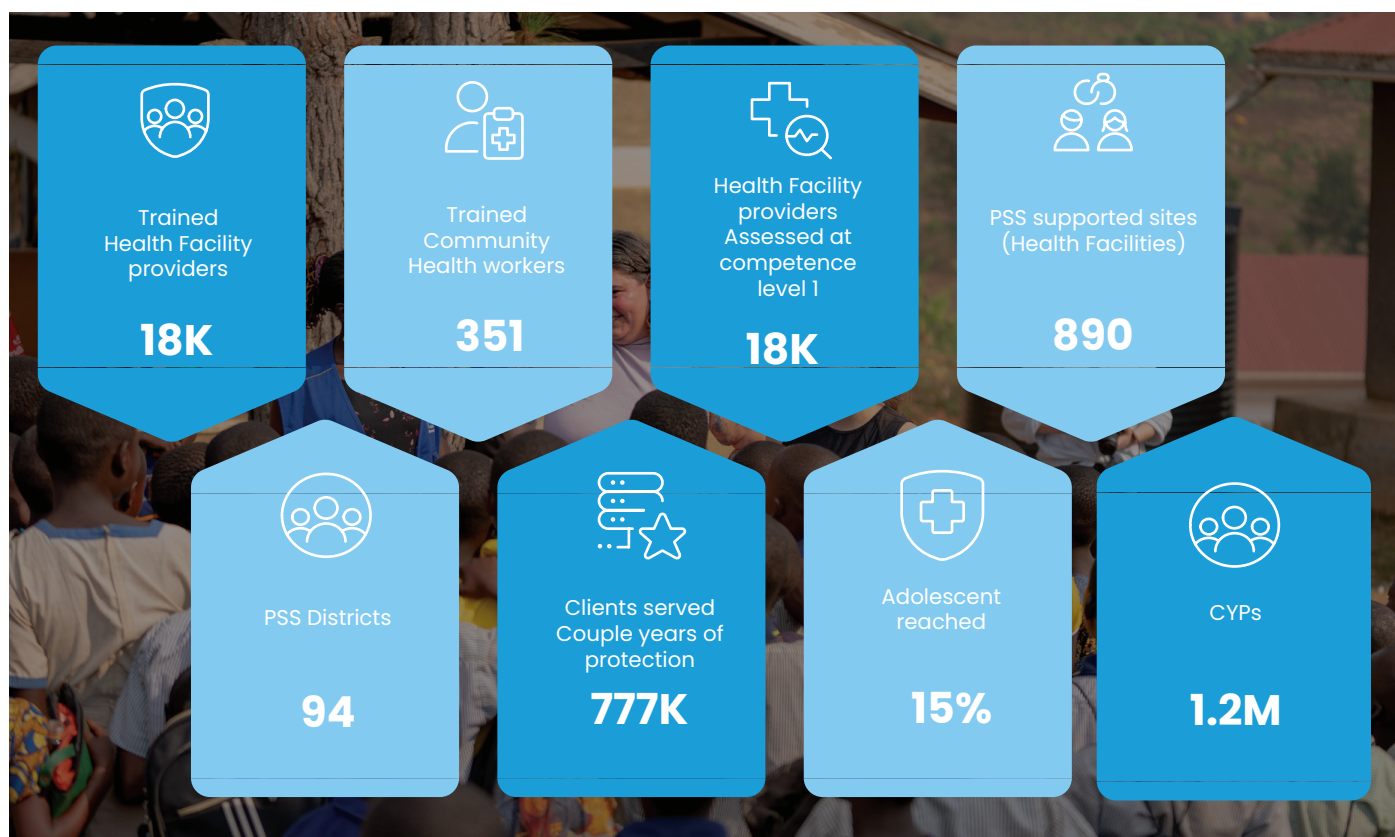
MSUG offers technical assistance, training, and mentoring to public health workers at their duty stations (Health Facilities). This approach bolsters Health Systems Strengthening (HSS) by supporting government-owned Health Facilities (HFs) through continuous improvement and collaborating with governmental bodies at the community, facility, and systems levels to increase demand and service delivery.

MSUG believes that imparting these skills through public health workers will drive a long-lasting impact. As a result, 430 facilities across 94 Districts have effectively transitioned to this “Indirect support Model.”

Working directly with the Ministry of Health (MoH) and District Health Authorities, MSUG was able to train doctors, develop quality assurance procedures, and lobby for a reproductive healthcare-friendly environment.



Emma



What worked well

- On job competency-based mentorship
- District trainers who provided mentorship within in Health Facilities supported through indirect support.
- Stock redistribution

Challenges

- Insufficient stock leading to medicines and sundries outs of implants and sundries countered by redistribution, and mentorships in quantification.
- Continuous Quality Improvement (CQI) – CQI transition for Government quality improvement.

Contributions of Marie stopes are invaluable in advancing our mission that individuals have access to essential FP services, capacity building under PSS leaves behind a lasting impact on continuous service provision- Sarah Nakantu District Family Planning Focal Person (DFPFP), Wakiso district

”

b). Mobile Outreach

Our outreach service providers traverse considerable distances, frequently for extended periods, through challenging terrain to serve underserved communities. MSUG operates twenty-five (25) outreach teams that utilise vehicles, boats, or foot travel to provide services to individuals in rural and remote communities. This is accomplished through a combination of community-based initiatives and outreach efforts based in HFs. In 2024, the Outreach Channel adopted a split-team model in targeted areas. This strategy allowed a single team to split into two, operating at different sites on the same day to improve efficiency, equity, and service reach within underserved communities.

Results

- MSUG Outreach Channel provided family planning and integrate SRH services to

over **323K clients**
generating above **945K CYPs**
across **131 Districts**

- Additionally, the OR teams strengthen the capacity of providers at the Health Facilities to independently deliver high-quality SRH services, even without MSUG outreach activities.
- Additionally, the OR teams strengthen the capacity of providers at the health facilities to independently deliver high-quality SRH services, even without MSUG outreach activities.

2. Access Pillar Two – Strengthening Private Sector Provision

By 2030, we will have made substantial contributions to strengthening the private sector, ensuring that the selection of SRH is broadly accessible. Our fee-for-Service Center and maternity network will be entirely sustainable, functioning as the quality “backbone” for a diversified delivery of SRH.

a). Centres

The MSUG Clinics, also referred to as Centres, offer a secure and inviting environment in which women, girls, and their families can obtain SRHS from skilled clinical service providers. For numerous individuals who seek assistance at our Centres, these represent the sole SRH services accessible in their respective regions.

These Centres serve as a crucial in-person access point, addressing a significant demand for reproductive care and other services. Starting in 2023, MSUG made a bold decision to enhance the appearance and atmosphere of the MSUG Centres.



b). The Hospital and Maternity Centre

The year 2024 was one of resilience and progress for the Hospital. The Hospital demonstrated exceptional performance across multiple metrics with satisfaction scores reaching new highs. Operational efficiency increased, reducing wait times and optimizing resource allocation. Financially, the Hospital achieved a crucial milestone it broke even and moving forward, we aim to build on this momentum, explore new avenues for growth and ensure continued excellence in patient care and financial growth

MSUG is dedicated to meeting clients' evolving demands by implementing routine and timely adjustments. This is achieved through MSUG Kampala Lugogo Forest Mall Hospital, which offers a comprehensive range of high-quality services.



Range of services at the MSUG Hospital

Antenatal Care

Services for expectant mothers and newborns.



Specialized Care

Focused treatment in obstetrics and gynaecology.



Laboratory Services

Comprehensive testing and diagnostics.



Ultrasound Scan

3D imaging for prenatal assessments.



Ambulance Services

Emergency transport for patients.



Outpatient Care

Medical services without overnight stay.



Neonatal Care

Care for newborn infants.



Family Planning

Services to help with family planning choices.



Laparoscopic Surgery

Minimally invasive surgical procedures.

We saw over

15Kclients
at our maternity centre in **2024**



3. Private Sector Engagement (Social Franchise (SF) & MS Ladies)

a). Marie Stopes Ladies (MS Ladies).

The MSI Ladies model meets the reproductive health needs of women and girls in areas underserved by traditional healthcare systems. MSUG Ladies are women working to provide high-quality family planning services for their community through door-to-door services in homes or in nearby public Health Facilities.



b). Social Franchise (SF)

Engaging with private sector providers and the broader market ecosystem to improve access to quality SRH services.

In 2024, MSUG engaged and supported a network of purposely identified privately owned clinics to deliver high-quality sexual and reproductive health care to women and men in need. The privatised model was fully adopted in 2024, replacing the previous Social Franchising approach.

Achievements in 2024, from private Clinics (Private Sector Engagement)

6.4K clients

reached with FP/PAC services

34%

of clients reached were aged below 20 years.

13.1K

couple Years of Protection (CYPs) generated

4. Access Pillar Three – Client-Powered Sexual and Reproductive Health and Rights

By 2030, women and girls will never feel alone in making their reproductive choices. We will provide contraceptives and, through various approaches, including social marketing, make essential products available where women need them. This expansion in sustainable safe access will be accompanied by MSI follow-up/referral support through our Contact Center and other digital technologies ensuring all social marketing provision is “gold-standard” for quality.

a). Social Marketing

The MSUG Social Marketing (SM) channel strives to enhance access to SRH services, particularly for women and girls seeking these services on their terms. With a commitment to delivering gold-standard quality SRH products, MSUG distributes a diverse range of items, including Lifeguard condoms, Well-plan contraceptive pills, Miso Clear, Mariprist, Backup contraceptives, Avibela, and the newly introduced FLAME condoms.

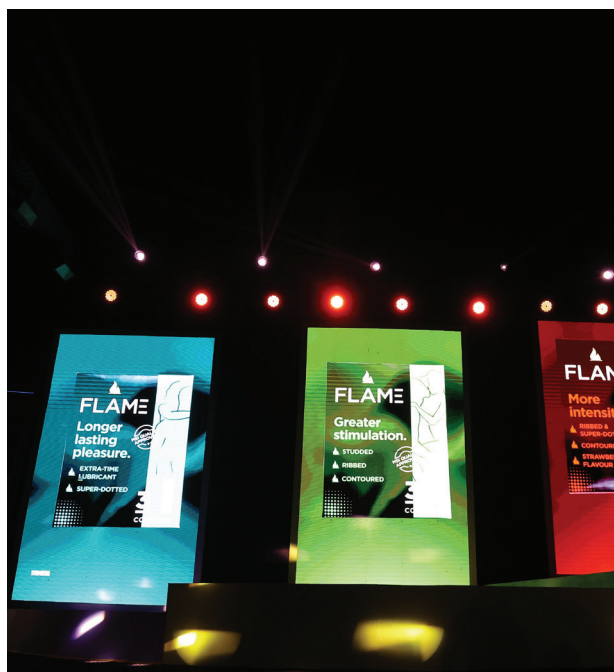
Through its diverse market approaches, the sales team collaborates with approved stockist pharmacies, drugstores, clinics, and Hospitals to ensure the availability and accessibility of these products.

As a result, 4,134 (2024) clients were reached with service through the SM channel, and orders were generated from 2,304 customers, resulting in a productivity of 55.7%.

The MSUG toll-free Contact Centre (CC) plays a big role in the continuum of care for clients receiving services from the various retail outlets. 0.06% of the inquiries received at the contact centre were from SM clients.

Key performance drivers

- CC continuum of care
- Gold standard products' supply on the market
- Marketing and demand creation up to grass root level.
- Effective performance management and evidence-based interventions.
- Effective product distribution channels.



b). Contact Centers – 0800 220 333

MSUG operates a fully-fledged Contact Center, which was further enhanced in 2024 by incorporating a new and improved Customer Relationship Management (CRM) system. This system is supported by well-trained staff entrusted with the responsibility of responding to client inquiries and providing referrals related to FP, SRH, and other services.

The CC supported various service delivery sites, resulting in a significant 16% growth in referrals compared to 2023.



MSUG's contact Centre is also a platform where clients can freely and confidentially ask questions that they may not be able to find answers for elsewhere.



Innovations at the contact centre

1. Integrated Client Journey (ICJ) system: The ICJ system integrates CC data with electronic medical records, enabling tracking of client journeys from initial contact to service delivery. This allows for better insights into marketing effectiveness and client behaviour thereby improving overall service efficiency.
2. Integrated CC Solution: In October 2024, MSUG introduced Twilio Flex, an innovative cloud-based solution that integrates telephony and chat services into a single, streamlined platform. This advancement significantly improves capacity management, facilitates remote work, and enhances data security, all while delivering a seamless experience for clients.



Youth people & Key Populations

MSUG is committed to offering leadership and oversight regarding the portfolio of adolescents (under 20 years) and youth (under 25 years) while ensuring the inclusion of individuals with disabilities across all service delivery channels. The objective is to maximise outreach and service delivery to these demographic groups, guided by the three pillars of the MSUG Youth Strategy, namely.

- 1

Direct demand generation and strengthening mobilisation structures.
- 2

Service Provision: Continuous values clarification and attitude transformation, capacity building, facility readiness evaluations, and competency assessments of service providers.
- 3

Engaging with Community Gatekeepers: Initiating advocacy dialogues and participating in national advocacy efforts to address obstacles related to sexual and reproductive health services for youth.



Adolescents Under 20	Reach (2024)	Youth Under 25
211K clients (16.4% of total).	1.2M overall client	47% of total clients



Public Sector Strengthening Channel

122K

adolescents (57% contribution)



Outreach Channel

66K

adolescents (31% contribution)



Marie Stopes Ladies

11K

overall adolescents
and young people.
(2% contribution).

4K

adolescents
0-19 years



Centres

41K

overall adolescents and young
people. (11% contribution).

(22,740 adolescents 0-19 years)



MSUG significantly impacted the lives of young individuals and persons with disabilities through its comprehensive service delivery and advocacy initiatives. MSUG continues to take the lead in engaging youth and promoting disability inclusion within the health sector.

Enhancing Community Knowledge



In 2024, the Social and Behaviour Change Communication (SBCC) team successfully directed approximately two million clients to various service locations.

This achievement was realised through collaboration with the Village Health Teams (VHT) and grassroots organisations near the healthcare centres supported by MSUG.

Anecdotal evidence shows a shift in clients' understanding and practices after engaging with SBCC teams, leading to increased use of SRHS, especially in FP.

What worked

1

Door to door engagement through Village Health Teams

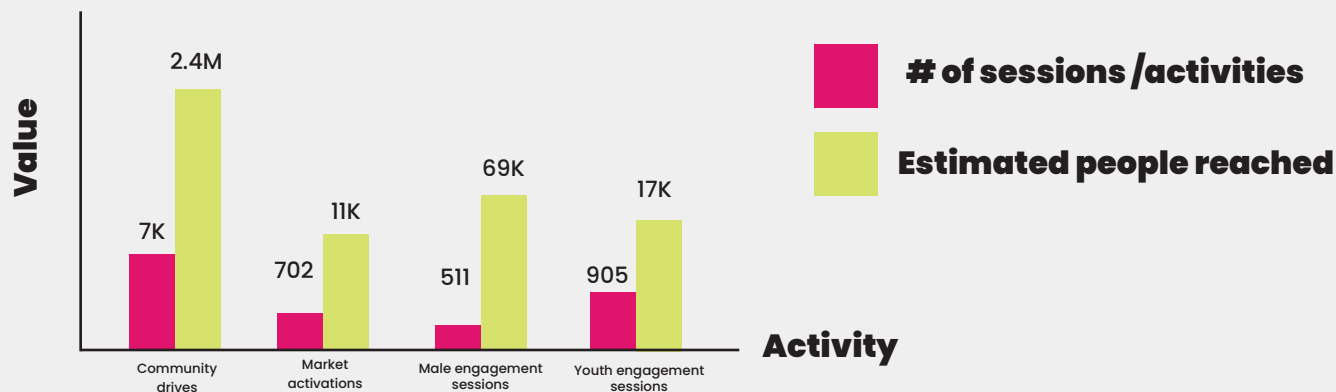
2

Community drives using SBCC Vans mounted with megaphones

3

Use of satisfied users, Family planning activists, and Health professionals/workers

Social and Behaviour Change Communication (SBCC) activities and their estimated reach in 2024





By 2030, women and girls will never feel alone in making their reproductive choices. We will provide contraceptives and, through various approaches, including social marketing, make essential products available where women need them. This expansion in sustainable safe access will be accompanied by MSI follow-up/referral support through our contact centre and other digital technologies ensuring all social marketing provision is “gold-standard” for quality.

5. Funding the Mission – 2024 Projects Overview

1. Reducing high fertility rates and improving sexual reproductive health outcomes (RISE) Increasing the uptake of modern contraceptive use in Uganda.

The Foreign, Commonwealth and Development Office (FCDO) funded the RISE programme to increase the uptake of modern contraceptives in seven major regions of Uganda.

MSI Reproductive Choices led the programme consortium, which included Reach a Hand Uganda, FHI 360, Makerere University School of Public Health, Options Consultancy Services, Partners in Population and Development—Africa Regional Office, and Population Media Center. The program run from Feb 2017 to Dec 2024

Contraception Services²

1.11M additional FP users
(159% target achievement)

Unintended Pregnancies Averted

3.3M averted

Maternal Deaths

5.6K averted

2 These are estimates generated from the MSI impact calculator specific to RISE supported services.

6.6M CYPs generated

Maternal Deaths Averted

5.6M averted

FP Methods Administered

5.2M methods
(161% target achievement)

Capacity Building for Health Care Workers

750 workers in **325** facilities

Supply Chain Management

Improved in **42** priority districts
(eLMIS transition)

Subnational Accountability Mechanisms (SNAMs)

Established **12 SNAMs**

Adolescent Health and SRHR Policies

Integrated into
National Health Policy III

Accreditation of Private Clinics

Accredited **114** clinics under social franchise

Lessons Learned

- Community Health Extension Workers (CHEWs) play a crucial role in public health, particularly in Social and Behaviour Change Communication (SBCC).
- District-led Data Quality Assessments (DQAs) significantly enhance the quality of data collected by public health facilities, ensuring accuracy and reliability.
- Providing onsite mentorship to service providers yields better results and is key to ensuring sustainability at the facility level.
- Effective collaboration and synergy among consortium partners amplify the impact of health programs, combining strengths and resources for greater outcomes.

2. The Survivors Treatment and Obstetric Fistula Prevention (STOP) Project:

With funding from the Embassy of Iceland through UNFPA (United Nations Population Fund.), Marie Stopes Uganda (MSUG) is implementing a three-year programme called “The Survivors Treatment and Obstetric Fistula Prevention (STOP)” in Namayingo district. The STOP program aims to (i) reduce maternal morbidity resulting from obstetric fistula, (ii) restore the dignity of survivors through corrective surgery, and (iii) support the rehabilitation and social reintegration of women who have undergone repair

Through STOP, MSUG is working to increase utilisation of fistula prevention and care services, ultimately contributing to the reduction of maternal morbidity and mortality

The STOP project, initiated in July 2024, provided surgical repair for 115 women with fistula and other birth-related injuries. This includes two elderly women in Namayingo district who had lived with fistula for 54 and 45 years, respectively.

Challenges and lessons learned?

In 2024, social norms and attitudinal barriers continued to affect the ability of vulnerable groups to access fistula services. MSUG strives to reduce these barriers by providing specialised training to service providers and incorporating inclusive approaches across all services and communication platforms.

To improve maternal and newborn outcomes, the project trained 14 Medical Officers and 14 theatre staff from the Busoga Sub-region in Essential Training in Operative Obstetrics (ETOO).

The project mentored 33 healthcare workers in Respectful Maternity Care (RMC), ensuring compassionate, dignified, and individualized care for women during pregnancy, childbirth, postpartum, and other care.

Collaboratively with the MoH and Namayingo District Local Government, the project trained 76 social and health workers on Psychosocial and Mental Health Care in the context of Obstetric Fistula. This training enhanced their capacity to prevent birth-related injuries and provide comprehensive community care.

3. Expanding Empowerment and Access to SRHR (EYE Universal) Programme:

In its second year, the EYE Universal SRHR Programme by Marie Stopes was implemented in Mayuge and Kamuli Districts, aiming to empower young girls and women to make decisions about their bodies and ensure access to adolescent and youth-friendly SRHR services. The project reached 47,354 clients with FP services, generating 74,243 CYPs, with 72% of the clients being adolescents. The project also trained 50 Village Health Teams in Kamuli, reaching 11,598 people with SAYANA press for self-injection. Additionally, 58 healthcare workers across 23 health facilities were mentored in providing LARC (Long-Acting Reversible Contraception). services, serving 36,328 clients. The programme supported the MoH in training 34 Health Care Workers (HCWs) from 14 private facilities in integrating HIV/STI screening and management into SRH services.

The project reached 47,354 clients with FP services, generating 74,243 CYPs, with 72% of the clients being adolescents

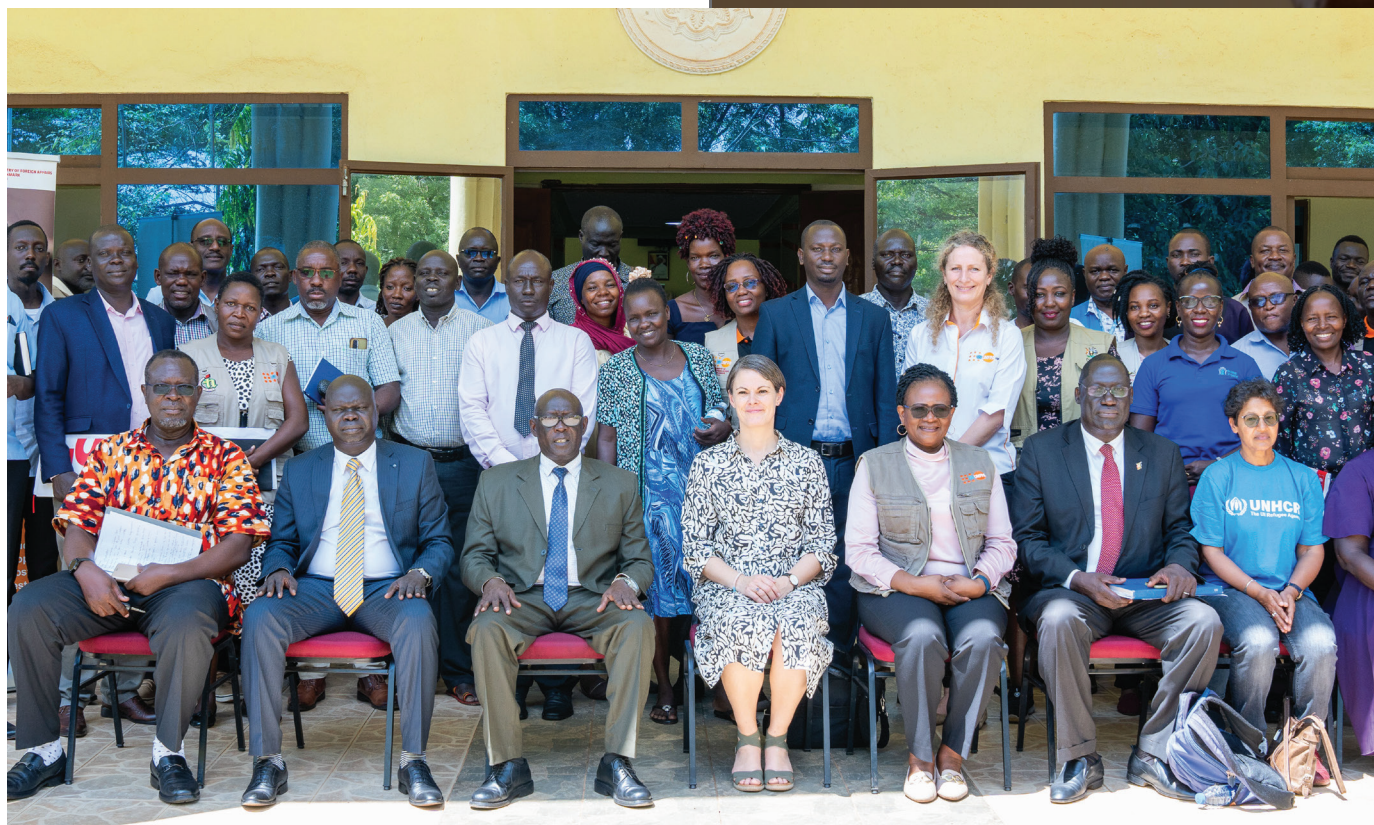


4. Strengthening Adolescents and Youth (SAY) Empowerment and Rights

The SAY programme, funded by the Embassy of Netherlands through UNFPA, began in January 2024 in West Nile and Acholi regions (Obongi, Moyo, Adjumani, Lamwo, and Kitgum districts). The programme focuses on improving maternal and adolescent sexual and reproductive health outcomes.

Key Deliverables in 2024:

- Trained 41 health workers in emergency obstetric and newborn care.
- Mentored 128 HCWs in post-abortion care and postpartum family planning.
- Provided competency mentorship to 203 health workers in contraceptive methods.
- Reached 87,174 people with SRHR services, including 16,524 refugees.
- Trained 152 VHTs in Sayana provision, reaching 5,358 people with SRHR/Gender-based violence (GBV) services.



5. Bergstromme Foundation

Marie Stopes Uganda (MSUG) is supported by the Erik E. and Edith H. Bergstrom Foundation in implementing two channels to increase access to SRH services: the Marie Stopes Ladies (MSL) network and Clinical Mobile Outreach.

Marie Stopes Ladies (MSL)

The MSL network comprises 95 active Marie Stopes Ladies who deliver high-quality SRH services across central, eastern, western, and northern Uganda. This innovative approach brings FP and SRH services to women and girls in convenient locations such as their homes, local drug shops, and health facilities.

By empowering nurses and midwives to reach clients with affordable SRH services proactively, MSUG has made significant strides in improving reproductive health outcomes.

A total of **55,190** clients accessed family planning services,

resulting in **130,042** Couple Years of Protection (CYP) & provided post-abortion care, **5,894** services

Clinic mobile outreaches

The three-year mobile outreach intervention aims to increase awareness of and access to modern FP services among young people and vulnerable populations in the Acholi, Bunyoro, and Tooro subregions. Three clinical mobile outreach teams visit community sites to provide quality FP and SRH services in rural townships, urban-poor areas, major towns along transport corridors, and post-conflict and refugee host districts. In year 3, the project has reached 19,287 clients, generating 71,584 CYPs.

In year 3, the project has reached 19,287 clients, generating 71,584 CYPs.

6. Danida and Norad Advocacy Coalition (2024-2026)

Objective: Increase access to SRHR services in Uganda.

Key Achievements:

- **Capacity Building:** Supported 853 facilities in 74 districts, mentoring 1,342 PHWs.
- **Consent & Competency:** Introduced consent forms and MSI Competency Assessment (CA) checklist; trained District Trainers.
- **Climate Plan:** Unveiled Climate and Health National Adaptation Plan (H-NAP) 2025-2030.
- **Sexual Offences Bill:** Addressed sexual offences, proposing stringent penalties and victim support.

7. Uganda Health Activity (UHA)

The Uganda Health Activity (UHA) is a five-year USAID-funded project aimed at strengthening the Ugandan health system and improving the survival and well-being of vulnerable populations. Implemented by a consortium led by University Research Co., LLC (URC), including MSUG, FHI360, Panagora Group, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Youth Alive Uganda, and Communication for Development Foundation Uganda (CDFU), the project focuses on increasing access to quality health services and enhancing local ownership and leadership at multiple levels.

MSUG enhances public health capacity in 30 Districts through FP and reproductive health training. The UHA program trained 748 healthcare workers across 266 facilities by the third year. Unfortunately, the program was halted in early 2024 due to USAID measures.

8. Postpartum Family Planning (PPFP) Project Kawempe (2024–2026)

In 2024, MSUG secured one-year funding from the DAK Foundation to implement the Postpartum Family Planning (PPFP) Pilot project at Kawempe National Referral Hospital (NRH).

The project aims to improve women's quality of life by facilitating informed choices regarding family planning. This will lead to appropriate child spacing, economic advantages, enhanced child security, and reduced maternal morbidity. The principal emphasis is on the improved delivery of postpartum family planning services.



Enabling Pillar Two – Partnerships and Advocacy

By 2030, MSI will have an outstanding reputation for being an influential and trusted partner to any individual, business, government or organisation that shares our vision and complements our mission. We will share our quality measures, insights, models and learnings openly, working with and learning from grassroots, local, national and global partners to shape sexual and reproductive health and rights policy and remove barriers to access.



Notable accomplishments for 2024 include

1. The National RISE Programme Learning and Transition Event

This was successfully conducted at the Kampala Serena Hotel, with Dr. Diana Atwine, the Permanent Secretary of the Ministry of Health, serving as the chief guest. The Development Director of the UK in Uganda (Mr Phillip Smith), the Senior Africa Director of MSI Reproductive Choices (Dr Carole Sekimpi), and the MSUG Country Director (Dr Peter Ddungu) also participated in the event.

MSUG recognized exceptional districts and individuals for their significant contributions to the RISE programme's success during the event.



2. Marie Stopes is committed to collaborating with the Government to enhance reproductive health outcomes in underserved regions.

To exemplify MSUG unwavering commitment, during the year, the organisation hosted technical teams from the MoH for a support visit to the Greater Masaka region. During this visit, we assessed MSUG's contributions to assisting the Government in addressing disparities in access to reproductive health services.



c). National Safe Motherhood Conference from October 29th to 31st

Marie Stopes collaborated with the Ministry of Health to organise the Fourth National Safe Motherhood Conference from October 29th to 31st, embracing the theme: “Strengthening Community Engagement for Sustainable Maternal and Child Health.”



MSUG engaged in conference activities, including a DANIDA-funded adolescent pre-conference, and presented four abstracts that significantly contributed to the knowledge exchange and advocacy efforts conference.



Enabling Pillar Three – Transformational Organisation

By 2030, we shall have created transformational change for our clients and the team members who power us. Taking advantage of digital technologies, we will become a more agile, empowered organisation, emphasising people skill development and ensuring everyone has an equal opportunity to thrive.



Investing In Our People

a). Diversity, Equity, and Inclusion (DEI)



“The beauty of diversity and inclusion is in the richness of opinions, thoughts and contributions. Like a symphony, where each instrument’s unique sound contributes to a harmonious masterpiece. There is a lot of potential in one individual, now just imagine the immense potential in the different individuals contributing to the same goal. Innovation will thrive, and we will all thrive!”
Quote from HR & ADMIN director on DEI

b). Women in Leadership

By addressing the unique challenges women face in their career progression, the Women in Leadership (WIL) program fosters an inclusive environment where women can thrive and contribute their perspectives to organisational success. Role models within the program inspire women to pursue leadership roles and challenge gender norms. The WIL Program aims to advance MSI's strategic objective of achieving 50% female representation at the Senior Management level by 2026.

As part of this initiative, we hosted an inspiring event on October 3rd, 2024, bringing together women leaders and emerging talents within MSUG.



The speakers emphasised the significance of authentic leadership, building self-confidence, and the value of building relationships and leveraging networks. They encouraged seizing opportunities and overcoming doubts by asking, "What's the worst that can happen?"



c). Putting Our Clients First

Client-centred care remains essential to achieving Enabling Pillar 3 (Transformational Organisation) under the MSI 2030 strategy.

MSUG is committed to gold-standard service through a client-centred philosophy that prioritizes clients' needs and experiences across all delivery channels. This ensures clients are active partners in their healthcare journey at every stage.

Over 5,943 clients provided feedback through daily surveys, and our contact centre recorded 148,733 interactions. We also gained insights from internal tracer studies and engagement platforms, allowing us to refine service delivery based on client experiences.

d). Client Feedback Innovations in 2024

- A Robust Client Feedback Mechanism with Feedback Champions in all service channels.
- Digital Innovations for Data Collection: Quick Response (QR) code feedback collection enables clients to easily share experiences and suggestions, enhancing accessibility and efficiency insights.

These innovations enhance our responsiveness to client needs, affirming our commitment to high-quality, client-centred care. We are dedicated to using technology and client feedback to improve service excellence.

Directors' Report

The Board of Directors presents its report and an extract of the audited consolidated financial statements for the year ended 31 December 2024 under the Ugandan Companies Act. These are also in conformity with IFRS Accounting Standards (IFRS).

Statement of Comprehensive Income

	Notes	2024 UShs' 000	2023 UShs' 000
Income			
Grant income	4	39,794,334	46,166,058
Service income	5	20,244,664	14,320,057
Service income	6	5,030,736	1,472,798
Total Income		5,030,736	61,958,913
Expenditure			
Employee benefits expense	7	(23,040,362)	(23,756,745)
Travel costs	8	(11,203,119)	(13,112,728)
Equipment, supplies and operating costs	9	(17,111,319)	(15,753,824)
Other activity costs	10	(528,925)	(1,356,697)
Monitoring and evaluation costs		(6,145)	(104,820)
Office costs	11	(4,168,736)	(4,185,162)
Marketing and communication	12	(1,787,147)	(1,114,915)
Net impairment losses and write off of financial assets		(1,021,137)	(1,440,445)
Professional and governance costs	13	(1,922,393)	(1,318,040)
Finance costs	24	(915,874)	(658,700)
Depreciation of property and equipment and right-of-use assets	18 & 24	(2,027,498)	(2,131,075)
Amortisation of intangible assets	19	(87,191)	(122,806)
Total Expenditure		(63,819,846)	(65,055,957)
Surplus/ (deficit) before tax		1,249,888	(3,097,044)
Income tax expense	15	-	(491,424)
Surplus/ (deficit) for the year		1,249,888	(3,588,468)
Other comprehensive income:			
Items that will not be reclassified to profit or loss:			
Re-measurements of retirement benefits obligation (note 25)		(345,751)	-
Total comprehensive income/ (loss) for the year		904,137	(3,588,468)

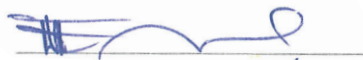
Statement of financial position

	Notes	2024 UShs' 000	2023 UShs' 000
ASSETS			
Non-current assets			
Property and equipment	18	2,647,062	2,455,875
Right-of-use assets	24	4,104,384	2,703,542
Intangible assets	19	190,630	197,020
		6,942,076	5,356,437
Current assets			
Inventories	16	4,621,714	4,529,097
Trade and other receivables	17	3,381,044	3,831,412
Cash and cash equivalents	21	2,630,543	3,068,469
Advances recoverable from donors	23	156,176	232,866
		10,789,477	11,661,844
Total assets		17,731,553	17,018,281
GENERAL FUND AND LIABILITIES			
General fund			
Accumulated losses		(4,941,147)	(5,845,284)
Non-current assets			
Deferred income	23	2,597,193	2,301,422
Lease liabilities	24	3,834,294	2,296,224
Retirement benefits obligation	25	1,800,939	3,185,185
		8,232,426	7,782,831
Current liabilities			
Trade and other payables	22	5,050,088	5,519,490
Amounts due to related parties	20	8,349,541	8,584,990
Current income tax payable	15	33,000	46,950
Provisions	28	229,569	143,569
Lease liabilities	24	778,076	785,735
		14,440,274	15,080,734
Total liabilities and general fund		17,731,553	17,018,281

Auditor

The Company's auditor, PricewaterhouseCoopers Certified Public Accountants has expressed their willingness to continue in office in accordance with Section 167 (2) of the Ugandan Companies Act.

Director:



Director:



